The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXIII JANUARY, 1967 NO. 1

PUBLIC RELATIONS ISSUE

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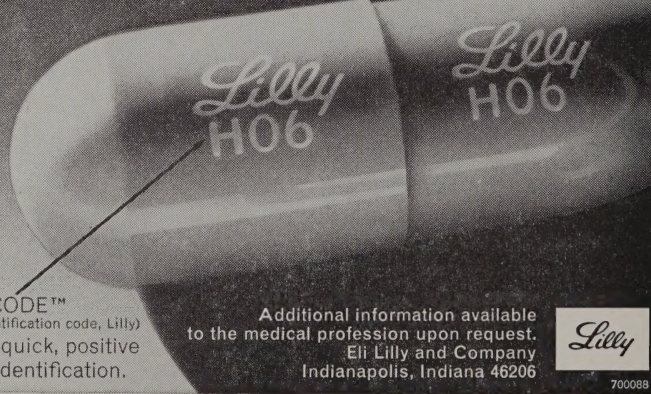

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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EDITORIAL

MEDICINE AT THE CROSSROADS

BERNARD BLOOM, M.D.

HDMS PUBLIC RELATIONS COUNCILLOR

The practice of medicine has just gone through a period of change which appears to be only the beginning in a great social upheaval. Since July 1, 1966, patients in the over-65 age group have had the greater part of their hospital and physician's bills paid for by the Federal Government. It is high time every one of us gave serious thought to how we individually may be able to influence the future course of medical practice throughout the country. Change it will. How much and in which direction is partly in our hands.

Faltering Image

All the new surgical techniques, drugs, hospital facilities and other medical advances cannot make up for the gulf that constantly expands between the doctor and almost everyone else in the community. In a scurrilous attack

upon the physician in the *New York Times*, October 16, 1966, many points were brought out that should hit close to home. Apparently, the individual physician is not satisfying the needs of many patients. He must stop and take stock of his attitudes and behavior towards the patients he sees and treats daily. He must learn to communicate with each patient to be sure the recipient is satisfied with his services. There is much room for a sense of humility in the art of medical practice. Aloofness, condescension, brusqueness, impatience, unavailability, and indifference are not qualities conducive to good physician-patient relationships.

An AMA study made in May of 1955 concluded that the patients felt, "most doctors did not give the patients as much time as the patients would like.". Today's doctor is "busier, richer, and colder, especially colder," said the *New York Times* article. We must strive to prove to the patient that we "care for him" at the same time that we are treating him. The patient complains about the lack of interest, hurried attitude, reluctance to make house calls, unnecessary delays at the office, difficulty in reaching physicians on weekends, etc. Examine this list of responses to a nationwide survey conducted by the Opinion Research Corporation in 1965. Only 40% said that doctors treat patients as human beings, while less than half of the people interviewed thought doctors were really devoted to their work and tried to keep abreast of latest developments in medicine. Only 12% believed that doctors tried to keep charges as low as possible, and only 13% said doctors discuss fees in advance. If this is our image, we cannot afford to ignore it any longer.

Who or What is to Blame

While many of the above complaints are legitimate, they involve only a small percentage of physicians. Let those physicians responsible improve in the areas leading to patient dissatisfaction. Unfair attacks on the medical profession must be answered. Doctors who sit closed-mouthed while the AMA is attacked unjustly and do not defend the truth, will learn too late the error of their apathy. An easy way to destroy our present system of medical practice is to first destroy the image of medicine.

It has been stated that where the doctor has a poor image, it is only a sympton of the disorder. How do we go about finding the causes which require correction and amelioration? The physician is caught in a trap of his own progress. Unfortunately as far as the doctor's image goes today, he is a victim as well as a beneficiary of the post-war advances in medicine. Victim, because he is blamed for the high cost of medical care, including hospital costs, expensive drugs, appliances, laboratory tests, and other new and complicated diagnostic and therapeutic procedures. Beneficiary, because with the

(More on Page 4)

advances in medicine of the past twenty years, he is able to diagnose and treat a host of diseases more readily and more effectively. In view of the tremendous strides made in medicine, the public expects, and rightly so, better service and greater competency from their physicians. We must find ways of protecting physicians from the consequences of their errors and oversights. Continuing medical education programs, tissue committees, medical audit committees, utilization committees, regular attendance at hospital staff meetings, and participation in local medical society activities are all ways of helping maintain the highest standards of medical practice.

It is the paradox of our times that the more any group advances in the mastery of its own field, the more certain it is to get out of touch with the rest of the population. Furthermore, medicine can never again be primarily the lifetime relationship between a patient and one general practitioner because medical advances themselves have made complex equipment and services necessary. The public demands the best care available. Unless we make every effort to insure its delivery, other agencies outside the profession will do it for us.

Personal Communication

In a word, public relations for the physician means communication with the individual patient. We must enhance, improve, and develop new approaches to be certain the patient is completely satisfied with our treatment of him. It is estimated that physicians see and treat over two million patients throughout the country on house-calls, office and hospital visits daily. This affords the physician a tremendous public relations opportunity in every contact he makes with a patient. There is one thing a physician can do about the variety of criticism being leveled at him and that is trying to be a good doctor. We must be perceptive and remain concerned with the patient's human needs. We must ourselves feel and likewise convince the patient that the interests of the medical profession are identical with those of the patient, namely to further better, more economical, and more efficient medical care. Good public relations means good deeds, good actions, and good rapport with mutual respect and confidence.

#

Cover: Vivian M. Purdy, Executive Secretary of HDMS, and Jack Hurley on radio WACE's microphones during a regular Friday 1:00-2:00 P.M. broadcast of "For Your Information." This program had been on the air weekly for over one and a half years with the cooperation and participation of many HDMS physicians. Although it went off the air last month due to the departure of Jack Hurley, it will be resumed in the very near future.

NEXT DISTRICT MEETING, FEBRUARY 7, (See Page 15)

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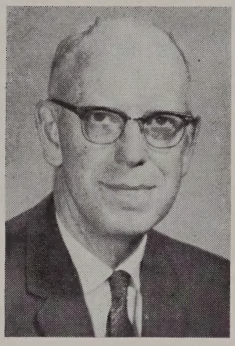
President's Page



YOUR IMAGE IS SHOWING

As one sits on a grievance committee, it is quite apparent that, when the cases referred by the less than stable individuals are eliminated, most of the remaining problems stem from a breakdown in public relations. This breakdown is usually and readily traced to lack of communication.

The attitude of over protection that is sometimes practiced by the office secretary, the doctor's wife or even the answering service can lead to dissatisfaction on the part of the patient and a feeling that, perhaps, the doctor has no interest in the problem under consideration. Just as the surgical patient may judge the operation on the basis of what the skin incision looks like, so do our patients judge us on the attitudes and reactions of the people who represent us. It is important to remember that the people who answer our telephones for us are the ones who project our image to the public.

Instruct your "front man" that, if a problem arises, you are always ready and willing to take over — keeping in mind that sick people are not always logical and it is you who must maintain the calm and courteous atmosphere.

Misunderstanding is the basis for many breaks in good public relations. Almost invariably a few moments of calm, rational discussion are all that is required to dissipate these misunderstandings and we should always have time for this.

DONALD R. HAYES, M.D.

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A "COUNTRY" PRACTITIONER LOOKS AT P.R.

By KENNETH L. COLLARD, M. D.

Member, Public Relations Committee

Medicare, the initial wedge in the ever increasing trend toward socialization of medicine, creates many problems for the physician as well as to the public. Our function is to provide good care to all patients, and this we will do. If we are confused by the ramifications, rules, and regulations of "state medicine", what about the patient? Under Medicare these elderly folk either think that everything is "free" under the "Law" or, on the other side of the coin, are ignorant of their true coverage. We, physicians, will have to point out the way for them. A well informed, tactful, and patient office secretary or nurse can be of immeasurable assistance to a busy practitioner in this instance. As a matter of fact, she can be or indeed, is a vital or key person in your public and patient relationships.

Being the son of a physician who practiced in one community from 1910 to 1962, I have observed many changes in the practice of medicine, particularly insofar as daily physician-patient relationships are concerned. Patients were told very little in former days about their illnesses and about the kind of treatment they were receiving. In this age of scientific enlightenment, the public demands more specific information, and this is justified. It is not enough simply to say: "Take this pink pill every two hours and you will feel better". The proper use of the explanation and semantics related thereto goes a long way toward building a stronger rapport with the patient.

Eighteen years ago, when I started practice, I did not keep an office appointment schedule. It's my recollection that there was a degree of office confusion as well as unnecessarily prolonged office hours for a few years. Then I learned that a well kept and followed appointment schedule sped patients through the office, making them happier and improving my working efficiency.

In my practice I feel I can keep more patients happy and accommodated by doing a lot of "over the telephone treatment". This is done with great discretion for patients I know very well. I realize this practice is frowned upon and is frought with great danger of medico-legal liability. However, being the only physician in a town of nearly 5,000 people (not including outlying areas), I justify this (at least to myself) because there are simply not enough hours in the day to handle such a large patient load. The present physician shortage shows no sign of improvement and is going to become an ever increasing problem in the years ahead.

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The matter of fellow physician relationship is also most important when applied to total patient care. I feel that no matter how far a physician may be located from a large general hospital or medical center, he is as near to expert medical and surgical consultation as his hand is to the telephone. Patients appreciate your interest in them when you call your specialist colleagues into consultation.

The physician's image in his community is better than what some newspaper or magazine articles would tend to indicate. When you are away, patients miss you but at the same time realize fully your need for rest. They sincerely wish you a good vacation and are eager to have you back refreshed and better able to serve them. This also applies to important medical meetings and special short courses in your chosen fields of interest.

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HOLIDAY TEA

The Annual Holiday Tea of the Woman's Auxiliary to H.D.M.S. was held Tuesday, Dec. 6, at the home of Mrs. B. Bruce Alicandri, 134 Crescent Road, Longmeadow. Over 75 ladies attended. Mrs. Jacob Shammash was chairman of the event being assisted by Mrs. John F. Griffin as co-chairman.

Mrs. Alicandri's gracious home was enhanced by many lovely and beautiful decorations created and made by Mrs. Jean Paul Aucoin and Mrs. Robert LaMarche. Of particular interest was a "Della Robbia Wreath" fashioned of fruits, berries, and trimmed with a bright blue velvet ribbon. A tall white Christmas tree decorated with golden roses and roping added sparkle to the cathedral ceilined living room. Carols on the Chardorvox filled the rooms with Christmas cheer and gaiety.

Honored guests were wives of foreign residents and interns who are training in hospitals of the Hampden District. Mrs. Robert O'Brien of Holyoke served as hostess of this group.

Pouring were Mrs. Aldo Leani, Mrs. Edward Caruso, Mrs. Joel Bettigale, Mrs. Joseph Hahn, Mrs. Sawyer Medbury, Mrs. Raymond Conway, Mrs. Bernard Tillman, and Mrs. Charles Diamond.

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PUBLIC RELATIONS OF THE PHYSICIAN IN HIS COMMUNITY

By OMAR T. PACE, M. D.

Member, Public Relations Committee

"Doctors have a story to tell, and there is no one better qualified to tell it than the doctors themselves". This was a basic concept that Dr. Edward Annis expounded so well when he was President of the A.M.A. a few years ago. The true image of the physician is a reflection of what you are and what you do in your own community. It can not be painted by a paid press agent or by a national association or agency. The P-R man does not have to be a flashy extrovert with a large expense account. He best be you or I in our daily activities.

There are many ways to generate and to render good public relations. Service is, perhaps, one of the best ways to develop good public relations. Knowledgeable service is the basic commodity that the physician offers a community. Of economic necessity, much of the service is remunerative, but at times it is mutually beneficial to share it. A physician is in a position to render many types of service in his community over and above his medicine. Because of a physician's daily experiences, contacts with problems, and educational background there are few other groups in a community that should be as knowledgeable about many of the major problems and projects that confront a community, large or small.

Below are a few obvious areas (school, health, church, politics, business, etc.) where a physician can be of valued service to his community as well as to himself and to his profession. His considered participation will be appreciated and rewarding.

1. In helping develop good educational facilities for current needs and in preparing for advanced learning. Physicians have been the recipients of all phases. They are still involved in the learning phase and many are involved in the teaching of residents and nurses. There is thus a mutual interest as well as need.

2. In broad comprehensive health planning to determine needs or lack of services or facilities. Educational and health services comprise one of the larger slices of a community budget. Who is better qualified to help with these needs, problems, or future projects?

3. The church and clergy in their efforts to develop and maintain spiritual life are essentially colleagues in maintaining over-all health. Enough so, that state and local medical socie-

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ties have joint committees. However good, the true image is still what you do as an individual and a physician.

4. John F. Kennedy is quoted as stating that most public opinion surveys show "that doctors have less interest in political and public affairs than any other comparable group". Yet, no one is probably as much affected by it as are the doctors. The physician can be interested in and active in legislative and political affairs without necessarily being a politician. We owe much to our forefathers for their interest and participation in the affairs of the state. Again mass individual action is more effective than collective action. Not that we should not have both.

5. The business aspects of the community should not be ignored or unsupported by physicians. This is vital to the economic health of the community in which we live and also make our living as a "small business" with large gross receipts. Doctors do well in social participation, but individual participation in college alumni activities, museums, symphony, united funds, etc., are of value.

Of course, not all physicians can participate in all activities. Physicians can not get so involved so as to neglect their prime responsibility of providing the best medical care possible for the patients who are depending on them. However, many physicians do have the talent, often latent. Many are urgently sought and yet so often are unavailable. In the past doctors spent countless hours rendering charity service; many felt this fulfilled their obligations to their community. With Medicare, perhaps, there will be less charity work and physicians may look to other areas to render their "charity". We should not limit our current and future knowledge and interests to just medicine. We do have a responsibility to protect and develop the institutions and the fundamental principles that have made this country one of the greatest in the world.

As we look more closely at the workings of a community unit, we find many fine people, just as busy as most physicians, spending tremendous time, energy, and talent trying to make it a better place to live, work, and play for everyone — including you and me. Each one of us as an individual and as a physician should pitch in and do his own little part where he feels best suited. The results can be very gratifying and far reaching. You are bound to become a better citizen and develop many warm friendships in a better community making for a better world.

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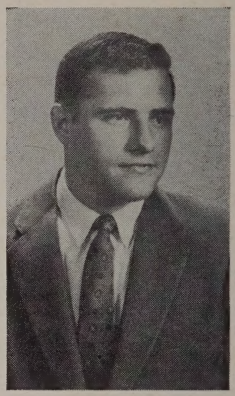


ROBERT J. BYE, M.D.

Office: 780 Chestnut St., Springfield

Born: Brooklyn, N.Y., Nov. 17, 1935

Medical School:

Tufts University School of Medicine, 1960

Internship:

Springfield Hospital

Residency:

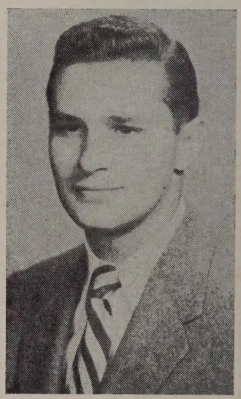
Springfield Hospital

University of Missouri Medical Center, Columbia, Mo.

Yale Medical School, New Haven, Conn.

Specialty:

Neuro-Surgery



JOSEPH R. CHABOT, M.D.

Office: 281 State St., Springfield

Born: Sanford, Maine, Sept. 6, 1932

Medical School:

Laval University, Quebec City, Canada, 1959

Internship:

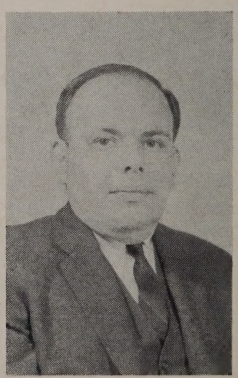
Infant Jesus Hospital, Quebec City, Canada

Residency:

Springfield Hospital

Specialty:

General Surgery



WILLIAM D. KISS, M.D.

Office: 780 Chestnut St., Springfield

Born: New York, N.Y., May 31, 1936

Medical School:

State University of New York, Downstate, 1962

Internship:

University Hospital, Ann Arbor, Michigan

Residency:

University Hospital, Ann Arbor, Michigan

Specialty:

Internal Medicine

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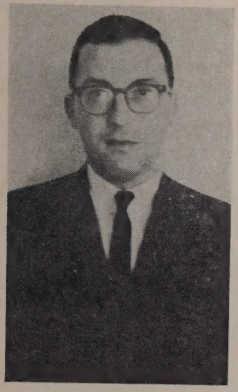

FREDERICK C. SCHWENDENMANN, M.D.

Office: Woodland Dell Rd., Wilbraham, Mass.

Born: Richmond, Indiana, May 19, 1938

Medical School:

Indiana University School of Medicine, 1963

Internship:

Methodist Hospital, Indianapolis, Indiana

Specialty:

General Practice

DONALD G. FAHY, M.D.

Office: 70 Court St., Westfield, Mass.

Born: Bridgehampton, Long Island, N.Y., Dec. 22, 1919

Medical School:

Cornell University Medical School, 1945

Internship:

Hartford Hospital, Hartford, Conn.

Residency:

Brooker General Hospital, Fort Sam Huston, Texas

Specialty:

General Surgery

I am in the habit of looking not so much to the nature of a gift as to the spirit in which it is given.

—Robert Louis Stevenson

We are here not to get all we can out of life for ourselves, but to try to make the lives of others happier.

—Sir William Osler

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EXECUTIVE COMMITTEE MEETING (Highlights)

The Executive Committee met on December 20, 1966 in the Society's conference room. Present were Drs. Hayes, Stoler, Griffin, Bloom, Nero, Adham, Moore, Baker, Burkhardt, and Mrs. Purdy.

Dr. Hayes called the meeting to order at 8:10 P.M.

The minutes of the November meeting were read and approved as read.

Dr. Moore, Treasurer, gave a report saying that all members were now paid in full for the year 1966-1967.

Correspondence

A letter from Dr. Shedd, Chairman of Committee on Physicians' Payments under Medicare was read in answer to Dr. Susat's letter as summarized in the November issue of the "Hampden Hippocrat." The Committee read it and recommended that it be published in the January Issue of the "Hippocrat" (see page 30).

In answer to a letter of request from the Board of Editors, Dr. Eugene Boss, Jr. was approved to serve as an Associate Editor on the "Hampden Hippocrat."

Dr. Hayes read a letter from Fall River Medical Society with a resolution in it concerning welfare patients. The Committee decided that this should be referred to the Massachusetts Medical Society and go through the proper channels.

Committee Reports

Dr. Hayes reported for the Public Health Committee and their recent meeting with pediatricians on the "Elementary and Secondary School Act."

The meeting was adjourned at 8:50 P.M.

The Grievance Committee convened and heard four cases.

The meeting was adjourned at 10 P.M.

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NEXT MEETING
OF THE
HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: **TUESDAY, FEBRUARY 7, 1967**

Business Meeting at 6 P.M. followed by

Social Hour at 7:00 P.M.

Dinner (Courtesy of Society)

at 7:30 P.M.

PLACE: **STORROWTON, STAGECOACH BARN**

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GUEST SPEAKER: **MR. L. T. REED**

Assistant Executive Director

Massachusetts Medical Service

TOPIC: **"BLUE SHIELD IN A CHANGING ENVIRONMENT"**

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YOUR A.M.A. AND YOU

by F. J. L. BLASINGAME, M. D.

Executive Vice-President, A.M.A.

(Excerpted from an address presented at the H.D.M.S. Meeting of December 6, 1966)

The A.M.A. was established in 1847 amid turmoil and concern, and that has been the climate of its life ever since. Moreover, such a state of turbulance will continue inasmuch as the A.M.A. is made up of independent, free thinking, and hard hitting individuals amongst its membership. They express themselves rather vehemently in reference committee hearings, in their correspondence, and in their contacts with each other and with the officers of the A.M.A. In effect, the A.M.A. has had a turbulant life, but it has also been a vigorous life.

As professional societies go, it is the largest medical organization in the world. It is well recognized by other professional societies as well as by the public. A recent Gallup Poll counted it as the second most respected organization of ten listed — second only to the Federal Bureau of Investigation.

Greater Participation Needed

The A.M.A. is a federation with all the benefits and limitations thereof. As we look back in the history of human affairs, the federation has stood the test of time quite well since it is generally a representative form of government. The A.M.A. has problems much as any other society covering a variety of interests whether they be from the far "left" or the far "right" or "in between". Recently I was asked: "Do you have any suggestions how we can get these individuals on the far sides to work?" I replied: "Give them a responsible assignment". However, I would hasten to add that I am not particularly concerned about either the far "left" or the far "right" in an organization such as the A.M.A. as much as I am about the body of physicians "in between" who do not know in many instances and do not appear to care. Most of the people on the far "left" and "right" are quite well informed and know why they are in that position. The great difference in between these two positions is the area which should concern us all.

Judging from the kaleidoscopic type of mail, telephone calls, and visits which we have at the A.M.A. headquarters in Chicago, I would say the A.M.A. is experiencing the greatest participation it has ever had. The cor-

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respondence has become increasingly interesting, increasingly sophisticated, and increasingly informed as well as asking good searching questions. Letters received (first class mail) run about 20,000 per day, and telephone calls about 1,500 per day. Moreover, some 100 meetings a year are held. I believe that although there is great participation by physicians, it is not sufficiently great enough. I say this in all kindness and in all generosity but also with a certain amount of selfishness. I do not get as much across my desk from the New England area as I would like to see nor as much as I see from the nation as a whole. The New England area is not utilizing the A.M.A. nor entering into its life with the same vigor as certain other areas of the country, such as California. We need your ideas, your informed criticism, your aspirations, and your understanding. If you are in Chicago, visit and spend some time with us. Contact us by phone or mail. If you want to bring an important matter to the attention of the Board of Trustees, do so through my office or through your delegation to the House of Delegates. We would not only appreciate being helpful to you in any way we can, but we also need to increase your participation in the affairs of the A. M.A. so as to improve its imperfections, to increase its strength, and to make it even more effectively representative of your interests as well as those of the public in matters of health.

Changes in Medicine

Profound changes have been taking place in medicine in the last 25 to 30 years as a result of the burst of knowledge in the bio-medical sciences. Its mushrooming will likely increase, requiring many and further adjustments within medicine. As a body of professional individuals we have organized ourselves into specialty groups and have become fragmented. We have been preoccupied with these advancements. We have had a difficult time in translating this knowledge into useful effective service to patients because of the facilities that are required, because of the cost of doing so, and because of the lack of trained personnel to assist us. Likewise, we have witnessed a tremendous change in the environment, we are experiencing an exceptional period of unrest within medicine. However, we have and will come through it with a degree of solidarity and good understanding amongst ourselves in spite of obvious differences of opinion as is right in a healthy and free society and with respect from the public.

A.M.A.'s Efforts

There are many unsolved problems within and without. Each of us needs to be aware of his individual responsibilities beyond that which is scientific so that each may behave effectively as an informed physician and as an informed, responsible citizen. The A.M.A. is trying vigorously and diligently to represent you and to carry

(More on Page 20)

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out your wishes. The House of Delegates, the Board of Trustees, and the some 100 council and committees on which approximately 750 physicians and other consultants labor diligently try to react to problems and to digest the material brought to them, publishing the results thereof in regular A.M.A. publications, bulletins, and special reports. In addition, the A.M.A. attempts to communicate with its membership through its field services representatives. Hence, it is carrying on a sort of intellectual respiration through its own program of continuing education.

To do all this, the A.M.A. anticipates an income of approximately 30 million dollars during 1967. Coupled with the anticipated income of 5 to 6 million dollars for the A.M.E.R.F., this comes to approximately 36 million dollars per year or 3 million dollars per month. A large portion of this income derives from advertising and dues. The rest comes from the sale of publications, subscriptions, investment portfolios, and gifts. If the A.M.A. were to operate strictly on dues, then the latter would be approximately $170 per year per member.

Changes in the A.M.A.

There is a climate of change in the life of the A.M.A. with respect to its mission as to how it might better serve the profession and the public. In the House of Delegates there have been some resolutions, while vague in general, have intimated that better planning and development is needed. Early this year representatives from three specialty societies approached the Board of Trustees saying that they were examining their respective missions and had come to the conclusion that they needed closer ties to a parent organization. Thereupon, the Board of Trustees extended an invitation to 15 specialty societies to make nominations to a new Interspecialty Committee. This met with unanimous acceptance, and a new committee was formed to serve as an ongoing liaison group between the specialty societies and the Board of Trustees. In addition, the Board of Trustees, has established a Committee on Planning and Development to see what the A.M.A. can do with respect to the reorganization of its council and committee structure and, perhaps, even the House of Delegates with an eye to making the same more efficient and more representative of all medicine. Changes of major significance are in the offing. The nature of the changes are as yet unknown, but there is interest, concern, and determination to make the A.M.A. function even more effectively than it has.

Insight is considered essential in the psychological health of an individual, and this applies as well to medical organizations. Continuous self-examination is necessary for it brings wholesome, needed modifications. State and local organizations should also re-examine their structures to make certain they are prepared to handle the present and future challenges.

We have had a great heritage in our profession, and we have really enjoyed a great public respect. We can look to the future with a great amount of hope, but we have to shape our own futures. We are in a great position to have a profound influence not only in our profession but also in the society in which we live and, indeed, the entire world. Medicine speaks a universal language and in international affairs today is today probably one of the greatest solvents of some of the world's problems. #

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LAS VEGAS — 1966

Education for family practice, billing and certification procedures under P.L. 89-97, proposed revisions of the Selective Service System, payments for professional services, compensation for house officers and the use of the terms "ethical" and "unethical" were among the major subjects acted upon by the House of Delegates at the A.M.A.'s 20th Clinical Convention held Nov. 27-30 in Las Vegas, Nevada.

Education for Family Practice

The House endorsed the recommendations of the Ad Hoc Committee on Education for Family Practice and called it "a document of major importance on a subject of vital significance to the health care of the American public." Moreover, the Council on Medical Education was authorized to develop and initiate plans for implementation. The long report contained the following recommendations:

1. Major efforts should be instituted promptly to encourage the development of new programs relating to all levels of medical education with a calibre of excellence comparable to programs in other specialties and with flexibility meeting the needs and interests of individual physicians.
2. Medical schools and teaching hospitals should enter into a cooperative endeavor with the practicing profession to develop models of family practice.
3. New sources of financial assistance should be developed for support of all aspects of the program, including the conduct of the educational program, recruitment and training of faculty, development of facilities and models of family practice, and the conduct of research in patient care and community practice.
4. Recognition and status equivalent to other medical specialties should be given to family practice.
5. Incentive should be developed for medical students and young physicians to enter into this field.
6. Careful study should be made of the effect of pre-medical programs and admission procedures, curricula, and student evaluation policies of medical schools upon the production of family physicians.

A hearing was held on the report of the Citizens Commission on Graduate Medical Education (the "Millis Report") which is similar in many respects to the report of the Ad Hoc Committee. The Commission's report is still under study by the A.M.A. Board of Trustees and Council on Medical Education.

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Public Law 89-97

The House adopted a resolution urging the A.M.A. to advise the Dept. of H.E.W. that present requirements for certification and recertification have proven to be highly objectionable, unnecessary, and non-contributory to medical care quality; morever, those portions of P.L. 89-97 requiring such physician certification of medical necessity should be repealed. Consultation with fiscal intermediaries and the A.H.A. to develop professionally acceptable and administratively workable amendements to the law was strongly urged.

The House also resolved that the A.M.A. strongly support amendment to the Social Security Act, including Title XIX, to permit payments without assignment for patient medical care.

The House rejected 3 resolutions and one report defining usual, customary, and reasonable charges. Definition of these should be considered, within the fundamental frame work of individual determination, the responsibility of constituent state medical societies with advice and counsel from the A.M.A. when requested.

The House strongly endorsed the principle of free choice of physician and medical facility under Title XIX of P.L. 89-97.

Payments For Professional Services

To clarify A.M.A. policies as they now exist, the House adopted the following eight-point statement regarding payment for professional medical services:

"1. It is proper for the physician to establish the fee which he charges to any patient for the professional service rendered, with recognition of the fact that a duly constituted committee of his peers may appropriately review and pass upon the equity and justice of his charge.

2. It is proper for third party agencies to make payment of professional medical fees in behalf of patients, with recognition of the fact that the service of the physician has been to the patient and the liability for payment rests primarily with the patient or his family.

3. It is proper for a physician to work cooperatively with other physicians in a team approach to the provision of medical service, with recognition of the fact that each cooperating physician

(More on Page 24)

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is entitled to compensation according to the value of his services, and that the charges attributable to each physician's service shall be made clearly known to the patient.

4. It is proper for a physician who provides personal supervision and direction for a physician-in-training to charge for the professional medical service rendered.
5. A physician should not enter into a contract or agreement with a hospital whereby the hospital acts as the agent for a physician unless it is with the consent of the physician and of the medical staff. The physician and the medical staff, as principals, should not approve any contract whose terms or conditions are inconsistent with the Principles of Medical Ethics and established policy of the A.M.A.
6. Physicians, collectively in hospitals, may properly establish special medical staff funds, wholly under their own control, which they may support as they see fit and disburse as they may agree.
7. Fees for professional medical services are properly paid only to the responsible physicians and may not be appropriated by any other person or agency.
8. The physician is the sole arbiter as to the ways in which he may dispose of his professional income, without duress, consistent with the laws of the land and the Principles of Medical Ethics of this Association."

House Officer Compensation

The House approved the first four sections of a joint report by the Council on Medical Education and Council on Medical Service. Those sections provided new guidelines on the utilization of private patients in teaching programs; recommended principles to govern the assignment of professional responsibility of house officers for the care of paying patients; presented interpretations of the 1961 statements by the House concerning remuneration of house officers and the increasing responsibility of the medical profession for the development of appropriate methods of financial support for interns and residents; and recommended a statement to guide medical staffs in the development of additional funds to supplement, if necessary, those from the hospital sources.

The House then modified or added the final four sections as follows:

E. The presently published provi-

(More on Page 26)

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sions for payment under Part A, Title 18, Public Law 89-97 for services rendered to beneficiaries by interns and residents, and under Part B, Title 18, Public 89-97 for services rendered by attending physicians supervising interns and residents, are compatible with the organization and administration of programs of graduate medical education according to the standards of the A.M.A. The principles embodied in these provisions should uniformly apply to regulations governing all other third party medical care plans.

F. It is recommended that sources and amount of compensation for house officers should be determined by local agreement and implemented in accordance with state laws and the ethical principles and policy positions of the A.M.A.

G. The above principles should be widely publicized so that they may be understood and implemented in good faith by all concerned.

H. The broad and complex nature of the problems in the financial area is recognized, and continued studies and reports thereon by the Council on Medical Service are encouraged. These should include staff compensation, methods of fund collection, control and disposition, and other pertinent and related matters.

Ethical V.S. Unethical

The Judicial Council, which had been asked to comment on use of the terms "ethical" and "unethical," submitted the following report which was adopted by the House:

"Historically, the term 'ethical' has been used in opinions and reports of the Judicial Council and in resolutions adopted by the House of Delegates to refer to matters involving (1) moral principles or practices; (2) customs and usages of the medical profession; and (3) matters of policy not necessarily involving issues of morality in the practice of medicine. The term 'unethical' has been used to refer to conduct which fails to conform to these professional standards, customs and usages, or policies, as interpreted by the A.M.A."

"Unethical conduct involving *moral principles,* values and duties calls for disciplinary action such as censure, suspension, or expulsion from medical society membership."

"Failure to conform to the customs and usages of the medical profession may call for disciplinary action depending upon the particular circumstances involved local attitudes, and how the conduct in question may reflect upon the dignity of and respect for the medical profession."

"In matters strictly of a policy nature, a physician who disagrees with the position of the A.M.A. is entitled to freedom and protection in his point of view."

Selective Service Proposals

Since the current Selective Service System has no medical group directing

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ACADEMY

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, FEBRUARY 14, 8:30 P.M.

SPEAKER: ROY W. GIFFORD, JR., M. D.
Division of Medicine
Cleveland Clinic
Cleveland, Ohio

TOPIC: "THE NATURAL HISTORY OF AORTIC AND PERIPHERAL ARTERIOSCLEROSIS OBLITERANS."

PLACE: Auditorium, Municipal Hospital
Springfield

HOSPITAL CLINIC: The Springfield Hospital, 5:00 P.M.

COMING EVENTS

HDMS MEETING, FEBRUARY 7, (See Page 15)

HDMS EXECUTIVE COMMITTEE MEETINGS,
FEBRUARY 21 AND MARCH 21

MMS COUNCIL MEETING, FEBRUARY 8

ACADEMY OF MEDICINE, FEBRUARY 14 and MARCH 14

AMERICAN COLLEGE OF CARDIOLOGY, WASHINGTON, D.C.,
FEBRUARY 15-19

MMS ANNUAL MEETING, BOSTON, MAY 16, 17, AND 18

AMA ANNUAL MEETING, ATLANTIC CITY, N. J., JUNE 18-22

the allocation of physicians and setting priorities for calling up physicians to active duty, the House resolved that there be established a National Commission on Health Resources and Medical Manpower with an eye to maintaining a proper balance of personnel in civilian and government service. The proposed commission would be appointed by the President with the consent of the Senate and would replace the Health Resources Advisory Committee and the National Advisory Committee to Selective Service.

The House also called for the drafting of female physicians, osteopaths, and foreign physicians on permanent visas who arrived in this country after they were 26, thereby escaping the draft.

Other Actions

A Mass. resolution was adopted pertaining to the determination of elderly applicant's eligibility for automobile liability insurance and driver licensure. This resolution stated that "although physicians are willing to examine applicants and determine whether or not the applicant meets specified physical standards for automobile liability insurance or for licenses to operate motor vehicles, the determination of what standards should be required or whether the driver is insurable and should be licensed to drive is the responsibility of the insurance companies concerned and of the state agencies issuing licenses, respectively."

Changes in Social Security as it affects physicians were urged to allow for earlier eligibility and an alternate method of computing benefits. Changes in the Keough law to provide a broader program of tax deferment were also endorsed.

A 1965 stand in favor of admitting alcoholics, as such, to general hospitals was reaffirmed; moreover, it was urged that insurance companies and prepayment plans remove "unrealistic limitations" on coverage for treating alcoholics.

A.M.A. support for the goal of a "significant improvement in the income of the registered nurse" was pledged.

Resolution 104, which was adopted by the House in June of 1966, was rescinded. This resolution seemed to call for a boycott in support of certain hospital-based specialists and the A.M.A. Trustees refused to implement same saying it subjected the A.M.A. to the risk of an anti-trust suit.

All in all the House of Delegates considered 63 resolutions, 22 Board reports, and a variety of additional reports and materials from councils and committees.

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HAMPDEN CAPSULES

Dr. John Sigsbee is among the candidates for "Sports Illustrated" silver anniversary All-American Football Awards this year. Dr. Sigsbee was nominated by Bates College where he played a guard position.

— —

A panel discussion was held at Holyoke High School with Drs. Booker, Burkhardt and Stebbins talking to educators, parents, and others who are interested in how and where family living and sex education should be taught.

— —

Eighteen physicians participated in forty-two programs on "Sex Education" during the year 1966. These programs are planned in conjunction with the Springfield Health Department.

— —

Dr. Galuszka delivered a paper in Boston on Intrauterine Transfusion.

— —

Dr. Stephen Daly of West Springfield was certified by the American Board of Psychiatry recently.

— —

Dr. S. A. Zacarian delivered a paper at the 25th Annual Meeting of the American Academy of Dermatology at Bal Harbour, Florida on "Cryosurgery of Skin Cancer."

— —

Dr. Robert J. Moriarty is removing his office from 603 Sumner Ave. to 535 Allen St.

— —

Two transfers: Dr. William Spence to non-resident member; Dr. Kurt Kohn to Framingham, Mass.

— —

Dr. Roland Stebbins of Holyoke elected a director of the City Cooperative Bank. — —

Keep March 7, 1967 open for the joint meeting of the Hampden Bar Association and the HDMS at Shaker Farms Country Club.

— —

Participation in the WACE program, "For Your Information" has been temporarily discontinued.

— —

The returns from the Diabetes Detection kits have been very slow this year. To date, 1769 kits have been returned and tested by the Laboratory Assistants from Technical Institute. Of this number, 111 have shown a chemical reaction. The Woman's Auxiliary worked on Monday, December 5 and sent out returns. If you are notified of a positive for any of your patients, please, answer on the form letter sent to you and send results back to HDMS so that a final report can go to the American Diabetes Association.

— —

Family Style

Something new is being tried this month — family news items. If you have any to offer, please, call 736-0661.

— —

Congratulations to:

Mrs. Garry deN. Hough, Jr. for "Orchids to You" from the Springfield Daily News on Dec. 8.

Also to Mrs. Edward F. Caruso for "Orchids to You" in November.

Mrs. Charles Diamond of West Springfield - recognized by "The Baystater" and "M.D.'s Wife" for her work on formulating goals of a Youth Council which she has helped to set up in her community.

Lois Newmark, daughter of Dr. and Mrs. Nelson Newmark became a bride of Steven Saltman on Dec. 26th.

Dr. Daniel Wheeler married to Lois C. Stocks in November.

CORRESPONDENCE

C M P A

Dear Hippocrat:

In the summary of the District's Executive Committee meeting as published in the *Hampden Hippocrat* (November, 1966, pages 6-7), Dr. Susat is reported as contending that the Committee on Physicians' Payments Under Medicare "has made misrepresentations in promoting participation in C. M. P. A.; hence, investigation by and explanation to the Society are in order before any more members sign the 'Agreement'."

Dr. Susat's analysis, as outlined, is substantially correct. The Agreement does state (No. 8, paragraph b) that "Payment shall be made in each month for charges covered by this agreement in an amount up to eighty (80%) percent of the reasonable charges."

The "**up to** eighty percent" **can be** interpreted as allowing an initial payment in an amount less than 80 percent.

Please note, however, that No. 8, paragraph a, states that " . . . . Blue Shield will pay each participant **an amount equal to the reasonable charges** covered by this agreement. . . . less a deduction for uncollected debts and expenses for the administration of the plan." This is the real and legal obligation. No. 8, paragraph b, covers merely the first payment; that is, it discusses the manner of payment rather than the obligation to pay.

The Committee has stated (and CMPA is so doing) that the initial payment under the program will be 80 percent of the reasonable charge with the expectation that the reimbursement will eventually be more, subject only to a reduction for bad debts and administrative costs.

To be charged of "misrepresentation" — which implies willful intent to deceive — admittedly hurts. The Committee, which set up the plan, is made up of volunteers who are giving of their time and talents, who have no axe to grind, and who have nothing to gain whatsoever from overseeing the plan.

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CMPA was designed to help those physicians who accept assignment under Medicare. It is the only plan of its kind in the country. It is, we feel, a plan worth implementing. Whether or not it will be a great success remains to be seen. Physicians participating in CMPA, we feel, will in essence lose nothing by participating and may have much to gain. Physicians are not forced to join CMPA. We have made the plan available. The choice is theirs.

We welcome constructive criticism and ideas to make CMPA successful.

Sincerely yours,
Charles G. Shedd, M. D.
Chairman
Committee on Physicians' Payments under Medicare

Providence provides for the provident. —W. G. Benham

THE SPRINGFIELD HOSPITAL EDUCATIONAL PROGRAM

Julius Lester, M.D., Pediatric Surgeon, at the New England Medical Center Hospital and Boston City Hospital and Assistant Professor of Pediatric Surgery, Tufts University School of Medicine, will be the pediatric guest speaker on Thursday, February 2, 1967. His topic will be "Problems in Neonatal Surgery." A clinical session will be held at 5:00 P.M.; pediatric rounds, at 6:00 P.M.; and the formal presentation, at 8:00 P.M.

David M. Little, Jr., M.D., Dept. of Anesthesiology, Hartford Hospital, Hartford, Conn., will speak on Friday, February 17, 1967, at 7:30 P.M. in the Hospital's Auditorium.

All physicians, residents, interns, nurses, and military personnel are cordially invited to attend.

Follow your honest convictions and be strong. —W. M. Thackeray

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